



2004 Application Instructions

Innovative and Demonstration Programs

OMB Control #: 3045-0083
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TABLE OF CONTENTS

1. Application Instructions for Innovative & Demonstration Programs.....	4
Submission and Compliance Requirements.....	4
3. Application Instructions.....	5
4. APPENDIX A – SF424 Facesheet Instructions.....	11
5. FACESHEET.....	15
6. APPENDIX B – Assurances and Certifications.....	17
Assurances.....	18
Certifications.....	19
7. APPENDIX C – Project Work Plan	23
8. APPENDIX D – Service Categories	25
9. APPENDIX E1 –	
Performance Measurements (Output Example)	27
10. APPENDIX E2 –	28
Performance Measurements (Int. Outcome Example)	
11. APPENDIX E3 –	
Performance Measurements (End Outcome Example)	29
12. APPENDIX F - SF424A Budget Instructions.....	31

IMPORTANT NOTICE

The Corporation for National and Community Service has changed its application instructions to conform with the new on-line grant application system named eGrants. The Corporation's eGrants website system will serve applicants and grantees until the government-wide E-Grants portal is available for use. It is the Corporation's intention to participate in this E-Gov initiative when it is available.

Public Burden Statement: The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential person who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). **Time Burden:** The time required to complete this collection of information is estimated to average 10 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **Use of Information:** The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant. **Public Comments:** Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 9th floor, Attn: Ms. Nancy Talbot, 1201 New York Avenue, N.W. Washington, D.C. 20525.

Application Instructions for Innovative and Demonstration Programs

To develop your application, you need to carefully read the appropriate Federal Register Notice. The Notice contains specific information and requirements relevant to this application and tells you which sections to complete. Then use these instructions to complete your application.

Submission and Compliance Requirements

The Corporation has developed a new grants management system, called eGrants, that includes on-line grant applications, awards, and reporting. You will be able to use the built-in budget and application compliance checks to ensure that you complete all parts of your application.

To access eGrants, go to the Corporation's website (www.nationalservice.org) to set up an eGrants account. ~~Use the document entitled "eGrants: How to Complete Your Grant Application" to walk you through the process.~~ **(NOT APPLICABLE FOR CHALLENGE GRANTS APPLICATIONS)**

We require applicants to:

- ☐ Submit applications by the posted deadline.
- ☐ Organize your application in the sequence outlined in these instructions.
- ☐ Adhere to the character limits listed in the narrative section below.
- ☐ Submit financial statements or audits and a recent evaluation of your program, if you have one. Do not submit any other supplementary materials such as annual reports, videos, brochures, letters of support, or any supplementary material not requested in the application. They will not be reviewed.

Additionally, if submitting a paper application:

- ☐ Submit one unbound, single-sided original paper application. We also ask that you voluntarily submit a diskette in order to expedite processing. The diskette version must be an exact duplicate of the paper original and will be used to copy and paste your application information into eGrants. (Facsimiles or email versions of your application will not be accepted.) Applications must arrive at the Corporation by 5:00 p.m. Eastern Daylight Time on the deadline. Submit to:

Corporation for National and Community Service
Innovative and Demonstration Programs
1201 New York Avenue, NW
Washington, DC 20525

- ☐ Type and double-space the application in Times New Roman, 12-point font size with one-inch margins.

- ❑ Adhere to the character limits listed in the narrative section below and number the narrative pages.
- ❑ ~~If you are unable to submit using eGrants, please include a cover memo explaining why you were unable to submit, so we can continue to make improvements to the system. (NOT APPLICABLE FOR CHALLENGE GRANTS.)~~

The Corporation will not review applications that arrive at the Corporation after the deadline.

Application Instructions for New Innovative and Demonstration Programs

Submit an application that consists of the following components in the following order.

1. SF424 Facesheet (Applicant & Application tabs)

Complete the Applicant and Application tabs. Appendix A (page 11)

2. Authorization, Assurances, and Certifications (Assurances & Certification tab)

Read the authorization, assurances, and certifications carefully. Complete each section of the Assurances and Certifications tab. See Appendix A # 17 and Appendix B.

3. Narrative (Narrative tab)

Provide a well-designed plan with a clear and compelling justification for awarding the requested funds. The narrative covers the ~~three-year~~ **(NOT APPLICABLE FOR CHALLENGE GRANT APPLICATIONS)** project period for which you are requesting approval.

The Narrative includes:

Executive Summary (2,000 characters¹)

Summary of Accomplishments and Outcomes, if applicable (4,000 characters)

Program Design –

Needs and Service Activities

Participant Development

Strengthening Communities

Organizational Capacity

Budget/Cost Effectiveness

~~The maximum length for the Executive Summary and Summary of Accomplishments and Outcomes is 4,000 characters for each field. (NOT APPLICABLE FOR CHALLENGE GRANT APPLICATIONS)~~ The maximum length for Needs and Service Activities, Member Development, Strengthening Communities, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters. Each of these fields has a maximum capacity of 32,000 characters. However, the total of all of

¹ Characters = all letters, punctuation, and spaces included in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

the fields combined cannot be more than 41,000 characters. This allows you flexibility in the number of characters you place in each field.

a. Executive Summary

Provide a concise overview of the proposed project that summarizes the need, planned activities to address the need, anticipated outcomes and accomplishments, how those outcomes will be achieved and measured, and the estimated length of time needed to complete the project. The maximum length for the Executive Summary is 2,000 characters.

b. Summary of Accomplishments and Outcomes

Complete this section if your organization: (1) currently receives or has received Corporation program funds of any type within the last three years. If you receive or have received Corporation program funds and you omit this section, we will not review your application.

Provide a clear description of the accomplishments and outcomes you achieved in relation to your objectives during the past three-year project period.

Include a list of the other type(s) of Corporation program funds your organization received during the past three years. The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters.

c. Narrative

1. Needs and Activities

Please address the following categories.

- a. **Needs** – Describe the specific need(s) your project will address. Include a well documented, compelling description of the need in the communities you intend to serve and how the needs were identified.
- b. **Proposed Strategy** – Discuss your proposed strategy and rationale for this grant.
- c. **Description of Activities** –Include a detailed description of your proposed activities that relate to the need(s) you will address.
- d. **Work Plan** –Provide a detailed work plan and timeline for the proposed project, including measurable goals and objectives. (See Appendix C for work plan instructions and form.)

2. Participant Development

Tell us how you will recruit and develop volunteers to perform meaningful and constructive service:

- a. **Recruitment** -- Describe how your organization will recruit volunteers to serve on this project, challenges you may face and how you will handle these challenges.
- b. **Volunteer Support** -- Describe clear plans for orienting, supervising and developing volunteers.

3. Strengthening the Community

Tell us how you will contribute to strengthening the community through:

- a. **Community Partnerships** – Describe the role of each partner organization and how you will cultivate, strengthen and expand partnerships.
- b. **Community Resources** – Describe how you will develop community resources including the recruitment and management of volunteers.
- c. **Sustainability** – Describe how you will ensure sustainability and long-lasting effects of the activities supported with this grant.
- d. **Higher Education Institutions only:** Describe your institution's efforts to support community service under Federal Work Study (FWS). Include the percentage of your school's 2001-2002 FWS funds that were used for community service placements and your plans for further efforts in this area.

4. Program Management

Please address how you will ensure high quality program management, including each of the following items:

- a. **Project performance assessment** – Describe how you will assure all goals and performance measures are met through such techniques as an annual assessment of project accomplishments.
- b. **Information and data management** – Describe how you will use information and data to demonstrate the impacts of the project.
- c. **Resources** – Describe how you will secure resources such as cash and in-kind contributions to sustain and expand the project.
- d. **Training and technical assistance** – Describe training and technical assistance you will provide to project staff, volunteers, project sites, and community groups involved in the project.

5. Organizational Capacity

Address the following:

- a. Your ability to provide sound program and fiscal oversight.
- b. Experience in or ability to administer a federal grant.
- c. Key staff position(s) responsible for the project.
- d. Demonstrated experience in successfully managing projects similar to that proposed under this grant.
- e. How you will develop and implement plans or systems for self-assessment, evaluation and continuous improvement.

If more than one organization will be involved in carrying out the activities under the grant or a consortium is submitting this application:

- f. Describe the capacity of the legal applicant to provide a coordinating role in the collaboration and the capacity of the other partners to fulfill their roles and responsibilities.

- g. Describe the lines of authority as well as the role and responsibilities of each organization.

6. Budget/Cost Effectiveness

Please address the following:

- a. **Non-federal support and sustainability** – Discuss how your project will attempt to build community support and support from other funding sources. Discuss plans for sustaining the program beyond the grant term.
- b. **Budget that supports the design** – Show how the budget reflects program goals and design and how you will meet the match.
- c. **Matching Requirement** – Describe the non-federal contribution (cash or in-kind) and identify the sources and amounts of the contribution.

4. Service Categories (Performance Measure tab)

Enter the information in the performance measure tab. Appendix D. The service categories appear on the performance measure tab in eGrants. However, there is no direct correlation between the service categories and your performance measures. Therefore, please check as many service categories as apply to your program activities.

5. Performance Measurements (Performance Measure tab)

Before you complete this section, read the Performance Measurement Toolkit on the Corporation's website: www.nationalservice.org.

We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact. Performance measures should cover a period of three years, with targets set for each year whenever possible based on the type of data collected. Progress will be reviewed each year. At a minimum, we expect programs to report on an output performance measure at the end of the first year, an intermediate-outcome measure at the end of the second year, and an end-outcome measure at the end of the third year. However, we encourage programs to move rapidly to an outcome-based performance measurement system. Expectations regarding when grantees will report on their performance measures will be a part of the grant negotiation process.

Include at least three performance measures. Among those should be at least one output, one intermediate-outcome, and one end-outcome measure. We do not require that there be at least one performance measure in each of the three categories – Needs and Service Activities, Member Development, and Strengthening Communities. Finally, at least one of the measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element. You may submit other measures beyond those required. We will consider any additional performance measures you submit and will negotiate them along with the required measures.

Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix E. The example in the Appendix is for

a brand new program. Performance measures will be different based upon the longevity of the program, the nature of the program and the performance indicators you use.

6. Budget (Enter/Edit Budget Button on Applicant Tab) Appendix F.

The budget should be sufficient to perform the tasks described in the proposal narrative. Do not include unexplained amounts for miscellaneous or contingency costs or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.

We recommend you prepare your project budget off-line before entering it into eGrants. eGrants will create the budget and the budget narrative automatically from the detailed budget information you entered. Budget Categories are:

Support Expenses

- a. Personnel
- b. Personnel Fringe Benefits
- c. Travel
- d. Equipment
- e. Supplies
- f. Contractual and Consultant Services
- g. N/A
- h. N/A
- i. Other Operating Costs
- j. Administrative/Indirect Costs

Application Instructions for Continuation Requests (NOT APPLICABLE FOR CHALLENGE GRANT APPLICATION)

The following instructions detail the submission requirements for continuation requests. Use these instructions to prepare your request.

To access eGrants, go to the Corporation's website (www.nationalservice.org) to set up an eGrants account. Use the document entitled "eGrants: How to Complete Your Grant Application," to walk you through the process.

We require continuation requests to:

- ☐ Submit applications by the posted deadline.
- ☐ Organize the information requested in the sequence outlined in these instructions.
- ☐ Adhere to the character limits listed in the narrative section below.
- ☐ Submit a recent evaluation of your program, if you have one.

Additionally, if submitting a paper application:

- ☐ Submit one unbound, single-sided original paper application. We also ask that you voluntarily submit a diskette in order to expedite processing. The diskette version must be an exact duplicate of the paper original and will be used to copy and paste your application information into eGrants. (Facsimiles or email versions of your application will not be accepted.) Submit to:

____ Corporation for National and Community Service
____ Innovative and Demonstration Programs
____ 1201 New York Avenue, NW
____ Washington, DC 20525

- ☐ Type and double space the application in Times New Roman, 12 point font size with one-inch margins.
- ☐ Adhere to the character limits listed in the narrative section below and number the pages.
- ☐ If you are unable to submit using eGrants, please include a cover memo explaining why you were unable to submit so we can continue to make improvements to the system.

General Submission Information: Continuation request instructions apply only to programs that are currently in their first or second year of operation within a three year grant cycle. If your program is currently in its final year of its grant cycle, you must apply using the new application instructions. Your continuation request consists of the following components. Please make sure to address each one.

- I. _____ SF424 Facesheet
- II. _____ Authorization
- III. _____ Narrative
- IV. _____ Service Categories
- V. _____ Performance Measurements

~~VI. Budget~~

~~VII. Documents~~

- ~~□ We suggest you prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.~~
- ~~□ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.~~
- ~~□ Remember to follow the character limits listed below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.~~

~~I. SF424 Facesheet (Applicant & Application tabs)~~

~~Complete the Applicant and Application tabs. See Appendix A.~~

~~II. Authorization (Assurances and Certifications tab)~~

~~Read and complete the Authorization. See Appendix A #17. Continuation requests do not need to complete the Assurances and Certifications.~~

~~III. Narrative (Narratives tab)~~

~~The maximum length of the narrative section is 20,000 characters². The narrative should include the following: (Next to each bullet is the name of the field in which you should enter your text.)~~

- ~~— Progress to date for the grant period; (Summary of Accomplishments)~~
- ~~— Planned changes to the previous year's program activities; (Use any field where you have changes)~~
- ~~— Description of how you will recruit and manage volunteers; (Strengthening Communities)~~
- ~~— Description of your efforts towards sustainability; (Strengthening Communities and Budget/Cost Effectiveness) and~~
- ~~— Changes in your program objectives to meet the requirements for performance measures; (You may choose to describe your changes in one or several program narrative fields.)~~
- ~~— Higher Education Institutions only: Describe your institution's efforts to support community service under Federal Work Study (FWS). Include the percentage of your school's 2001-2002 FWS funds that were used for community service placements and your plans for further efforts in this area. (Strengthening Communities)~~

~~IV. Service Categories (Performance Measure tab)~~

~~Enter the information in the Performance Measure tab. See Appendix C. Please note that while the service categories appear on the Performance Measure tab in eGrants there is no correlation~~

² Characters = all letters, punctuation, and spaces included in a document. One double-spaced, 12-point font page equals approximately 2,000 characters.

between the service categories and your Performance Measures. Please check as many service categories as apply to your program activities.

~~V. Performance Measurements (Performance Measure tab)~~

~~Before you complete this section, read pages 27-29 and Appendix B of the 2003 AmeriCorps Guidelines. Also see the Performance Measurement Toolkit on the Corporation's website: www.americorps.org. We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact.~~

~~Include at least three performance measures.~~

- ~~— Among those should be at least one output, one intermediate outcome, and one end-outcome measure.~~
- ~~— We do not require that there be at least one performance objective in each of the three categories—Needs and Service Activities, Member Development, and Strengthening Communities.~~
- ~~— At least one of the three measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element.~~
- ~~— You may submit other performance measures beyond those required. We will consider any additional performance measures you submit and will negotiate them along with the required measures.~~

~~Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix D.~~

~~VI. Budget (Enter/Edit Budget Button on Applicant Tab) Appendix F:~~

~~The budget should be sufficient to perform the tasks described in the proposal narrative. Do not include unexplained amounts for miscellaneous or contingency costs or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.~~

~~We recommend you prepare your project budget off-line before entering it into eGrants. eGrants will create the budget and the budget narrative automatically from the detailed budget information you entered. Budget Categories are:~~

~~Support Expenses~~

- ~~a. Personnel~~
- ~~b. Personnel Fringe Benefits~~
- ~~c. Travel~~
- ~~d. Equipment~~
- ~~e. Supplies~~
- ~~f. Contractual and Consultant Services~~
- ~~g. N/A~~
- ~~h. N/A~~

- ~~i. Other Operating Costs~~
- ~~j. Administrative/Indirect Costs~~

APPENDIX A: FACESHEET INSTRUCTIONS (eGrants “Applicant” and “Application” Tabs)

This form is required for applications submitted for federal assistance.

Item #

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
 - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
 - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.
Item 7.b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. 2-year college 2. 4-year college 3. Area Agency on Aging 4. Chamber of Commerce/Business Association 5. Community Action Agency/ Community Action Program 6. Community College 7. Community-Based Organization 8. Faith-based organization 9. Governor’s Office 10. Grant-making Entity Operating in Two or More States 11. Health Department 12. Hispanic Serving College or University 13. Historically Black College or University (HBCU) 14. Law Enforcement Agency 15. Local Affiliate of National Organization 16. Local Education Agency | <ol style="list-style-type: none"> 17. Local Government Municipal 18. National Non-profit (Multistate) 19. Other Native American Organization 20. Other State Government 21. School (K-12) 22. Self-Incorporated Senior Corps Project 23. Service/Civic Organization 24. State Commission/Alternative Administrative Entity 25. State Education Agency 26. Statewide Association 27. Tribal Government Entity 28. Tribal Organization (non-government) 29. U.S. Territory 30. Vocational/Technical College 31. Volunteer Management Organization |
|---|---|

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
- a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle.
 - b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.
 - c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.
 - d. Check “New Application/Previous Grantee” if this is an application for an AmeriCorps*State program and you are reapplying for a new grant cycle.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- a. Select “Augmentation” if you are an AmeriCorps*State grantee submitting a revised budget to incorporate a Corporation-authorized increase.
 - b. Select “Budget Revision” to make a change in the grant budget, including slots.
 - c. Select “No cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
 - d. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA:

94.007 Innovative and Demonstration
Programs

11. a. Enter the title of the project. "Continuation," "Amendment," and "New Applicant/Previous Grantee" applicants should use the same title as in their original or previous application.
 b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (See item 8)
 "New" application or "New application/previous grantee": Enter the dates for the proposed project period.
 "Continuation" or "Amendment" application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

a. Federal	The total amount of Federal funds being requested in the budget.
b. Applicant	The total amount of the applicant share as entered in the budget.
c. Local	The amount of the applicant share that is coming from local sources.
d. State	The amount of the applicant share that is coming from state sources.
e. Other	The amount of the applicant share that is coming from other sources.
f. Program Income	The amount of the applicant share that is coming from income generated by programmatic activities.
g. Total	The applicant's estimate of the total funding amount for the agreement
15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.
 - a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>
3. a. DATE RECEIVED BY STATE:		3.b. STATE APPLICATION IDENTIFIER:	
4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:	
5a. APPLICANT INFORMATION			
5b. LEGAL NAME: 5c. ORGANIZATIONAL UNIT: ADDRESS (give street address, city, county, state and zip code):		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ </div> <div style="width: 45%;"> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization </div> </div>	
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/>		7.b. CNCS APPLICANT CHARACTERISTICS 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>		11. a. TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11.b. CNCS PROGRAM INITIATIVE (IF ANY):	
13. PROPOSED PROJECT: START DATE: END DATE:			
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. APPLICANT	\$		
c. STATE	\$		
d. LOCAL	\$		
e. OTHER	\$		
f. PROGRAM INCOME	\$		
g. TOTAL	\$		
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:			e. DATE SIGNED:

Modified Standard Form 424- (Rev. 11/02 to conform to the CNCS eGrants system)

OMB Control #: 3045-0083
3/31/05

Expiration Date:

APPENDIX B: Assurances and Certifications (Assurances & Certifications tab)

Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

a) Inability to certify

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

b) Erroneous certification or assurance

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

c) Notice of error in certification or assurance

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

d) Definitions

The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded" as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a "prospective primary participant in a covered transaction" as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

e) Certification requirement for subgrant agreements

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

f) Certification inclusion in subgrant agreements

You agree by submitting this proposal that you will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

g) Certification of subgrant principals

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

h) Non-certification in subgrant agreements

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

i) Prudent person standard

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air)

Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
15. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATIONS

1. Lobbying (Activities)

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

2. Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities.

A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of the principals:

- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered in connection with fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- (c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the above paragraph of this certification, and
- (d) Has within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default and

- B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

3. Drug-Free Workplace (Granties other than Individuals)

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief, that the grantee will provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establish an ongoing drug-free awareness program to inform employees about—
 - (1) the dangers of drug abuse in the workplace,
 - (2) the grantee's policy of maintaining a drug-free workplace.
 - (3) any available drug counseling, rehabilitation, and employee assistance programs, and
 - (4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:
 - (1) abide by the terms of the statement, and
 - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
 - (e) Notifying us within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;
 - (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—
 - (1) taking appropriate personnel action against such an employee, up to and including termination or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

Assurances and Certifications

ASSURANCE SIGNATURE: **NOTE:** Sign this form and include in the application.

SIGNATURE: By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

CERTIFICATION SIGNATURE: **NOTE:** Sign this form and include in the application.

Before you start: Before completing certification, please read the Certification Instructions.

SIGNATURE: By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ Certification: Debarment, Suspension and Other Responsibility Matters
- ☐ Certification: Drug-Free Workplace
- ☐ Certification: Lobbying Activities

Legal Applicant: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

OMB Control #: 3045-0083
3/31/05

Expiration Date:

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APPENDIX C: PROJECT WORK PLAN (eGrants Project Plan Tab)

The purpose of this work plan is for you to describe the goals and objectives you expect to achieve through the proposed project. The work plan should state in measurable and quantifiable terms:

1. Goals the project will achieve
2. Objectives related to achieving those goals; and
3. The dates by which you expect to achieve your goals and objectives.

Goals and Objectives

In column A, list the proposed project goals and objectives that you expect your project to achieve in relation to the needs(s) identified in your project narrative.

Helpful hints:

Goals are the anticipated outcomes to which activities are directed. They are broad in scope and identify changes that will impact the need(s) identified in your project narrative.

Objectives are definable results leading to the achievement of each goal, and are stated in quantifiable and measurable terms. They are narrower in scope and short-term (e.g. quarterly) in duration.

Dates

In column B, indicate the periods of time during which your project will work and achieve the stated goals and objectives.

Example: (Note: this example includes a sample of objectives needed to meet the goal.)

Project Work Plan	
Column A Goals and Objectives	Column B Date(s)
Goal I: To develop a cadre of 300 retired professional health workers who will prepare communities for public health emergencies and will assist public health officials in responding to emergencies.	September 2002-August 2003
Obj. 1: Identify professional organizations, professional schools and alumni associations and recruit 300 qualified volunteers.	September 2002 – April 2003
Obj. 2: Train volunteers in the actions they will take to prepare communities for emergencies and the actions required to respond to emergencies in a coordinated fashion.	December 2002 and May 2003



Project Work Plan	
Column A Goals and Objectives	Column B Date(s)

OMB Control #: 3045-0083
Expiration Date: 3/31/05

APPENDIX D -- SERVICE CATEGORIES (Performance Measure tab)

Not all 3-Digit Codes are applicable to all programs and projects. Double-click on the box and click on "checked."

HEALTH/NUTRITION		
<input type="checkbox"/> Delivery of Health Services <input type="checkbox"/> Health Education <input type="checkbox"/> Maternal/Child Health Services <input type="checkbox"/> Mental Health <input type="checkbox"/> Congregate Meals <input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Physical Disabilities Programs <input type="checkbox"/> In-Home Care <input type="checkbox"/> Hospice/Terminally Ill <input type="checkbox"/> Food Distribution/Collection <input type="checkbox"/> Boarder Babies	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Immunization <input type="checkbox"/> Other Health/Nutrition <input type="checkbox"/> CHIPS/SCHIPS <input type="checkbox"/> Health Screening
EDUCATION		
<input type="checkbox"/> Pre-Elementary Day Care <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Special Education <input type="checkbox"/> Tutoring & Child Literacy – Elementary <input type="checkbox"/> Tutoring and Child Literacy – Middle School <input type="checkbox"/> Tutoring and Child Literacy – High School	<input type="checkbox"/> Job Preparedness/Vocation Education <input type="checkbox"/> Library Services <input type="checkbox"/> Cultural Heritage <input type="checkbox"/> ESL <input type="checkbox"/> GED/Dropouts <input type="checkbox"/> Head Start/School Preparedness <input type="checkbox"/> Service Learning <input type="checkbox"/> Adult Education and Literacy	<input type="checkbox"/> Other Education <input type="checkbox"/> After School Programs <input type="checkbox"/> America Reads <input type="checkbox"/> Computer Literacy <input type="checkbox"/> Youth Leadership/Development
ENVIRONMENTAL	DISASTER	HOMELAND SECURITY
<input type="checkbox"/> Waste Reduction/Management/Recycling Health <input type="checkbox"/> Environmental Awareness <input type="checkbox"/> Clean Air <input type="checkbox"/> Clean and Safe Water <input type="checkbox"/> Energy Conservation <input type="checkbox"/> Indoor Environment <input type="checkbox"/> Toxic Waste Management <input type="checkbox"/> Wildlife, Land, Vegetation Protection/Restoration <input type="checkbox"/> Other Environment <input type="checkbox"/> Community Restoration/Clean Up	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Disaster Mitigation <input type="checkbox"/> Disaster Response <input type="checkbox"/> Disaster Recovery <input type="checkbox"/> Other Disaster	<input type="checkbox"/> Homeland Security-Public <input type="checkbox"/> Homeland Security-Public Safety <input type="checkbox"/> Homeland Security-Disaster Preparedness/Relief
<input type="checkbox"/> Safety/Fire Prevention/Accident Prevention <input type="checkbox"/> Adult Offender/Ex-Offender Services/Rehabilitation <input type="checkbox"/> Child Abuse/Neglect <input type="checkbox"/> Crime Awareness/Crime Avoidance <input type="checkbox"/> Victim/Witness Assistance	PUBLIC SAFETY	
<input type="checkbox"/> Community Policing/Community Patrol <input type="checkbox"/> Conflict Resolution/Mediation <input type="checkbox"/> Elder Abuse/Neglect <input type="checkbox"/> Family Violence <input type="checkbox"/> Improvement of Household Security <input type="checkbox"/> Neighborhood Watch/Block Watch	<input type="checkbox"/> Sexual Abuse/Rape <input type="checkbox"/> Children & Youth Safety Programs <input type="checkbox"/> Juvenile Justice/Delinquency/Gangs <input type="checkbox"/> Legal Assistance <input type="checkbox"/> Safe Havens <input type="checkbox"/> Other Public Safety	
HOUSING	HUMAN NEEDS – GENERAL	
<input type="checkbox"/> Home Management Support/Education <input type="checkbox"/> Homelessness <input type="checkbox"/> Housing Referrals/Relocation/Other <input type="checkbox"/> Housing Rehabilitation/Construction	<input type="checkbox"/> Adult Day Care/Senior Center <input type="checkbox"/> Companionship/Outreach <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Mentoring	

- ☐ Independent Living-Disabled
- ☐ Independent Living-Seniors
- ☐ Tenant Organizing
- ☐ Transitional Housing
- ☐ Other Housing

- ☐ Respite
- ☐ Teen Pregnancy/Parent Support Education
- ☐ Senior Center Program (non-residential)
- ☐ Other Human Needs Services

COMMUNITY AND ECONOMIC DEVELOPMENT

- ☐ Consumer Education
- ☐ Community Development
- ☐ Transportation Services
- ☐ Production/Community
- ☐ Community Improvement
- ☐ Regional/State/City Planning
- ☐ Work
- ☐ Social Services Planning/Delivery
- ☐ Community-Based Volunteer Programs
- ☐ Cooperatives/Credit Unions

- ☐ Job Development/Placement
- ☐ Other
- ☐ Management Consulting
- ☐ Food
- ☐ Small/Minority Business
- ☐ Tax Counseling/Counseling
- ☐ Gardens/Farming
- ☐ Welfare to
- ☐ Thrift Store
- ☐ Microenterprise
- ☐ Technology Access

OMB Control #: 3045-0083
Date: 3/31/05

Expiration

APPENDIX E1: Performance Measurement Worksheet (Output Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> Needs and Service Activities	<input type="checkbox"/> Member Development	<input type="checkbox"/> Strengthening Communities	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
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Creating Performance Measures	Example: output
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	OUTPUT: Parents of 9th graders at risk of dropping out of school will complete a drop-out prevention program.
2. Describe how you will achieve this result.	5 participants will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: Attendance rosters and instructor certification.
4. What are the targets that you expect to meet during the three-year grant period?	First year, parents of 25% of the ninth graders deemed at-risk will complete the drop-out prevention program. Second year, parents of 35% of the ninth graders deemed at-risk will complete the drop-out prevention program. Third year, parents of 50% of the ninth graders deemed at-risk will complete the drop-out prevention program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your performance measure .	OUTPUT: Parents of 9th graders at risk of dropping-out complete drop out prevention classes. In the first year, parents of 25% of the ninth graders deemed at-risk will complete the drop-out prevention program.
6. If you have data for this performance measure from prior years , report it here.	No data are available from previous years.

OMB Control #: 3045-0083 Expiration Date: 3/31/05

APPENDIX E2: Performance Measurement Worksheet (Int. Outcome Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="checked" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES <input type="checkbox"/> 1 <input checked="checked" type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES
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Creating Performance Measures	Example:
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	INTERMEDIATE-OUTCOME: Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school.
2. Describe how you will achieve this result.	5 participants will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records of behavioral incidents.
4. What are the targets that you expect to meet during the three-year grant period?	In the second year and third years, the frequency of behavioral incidents among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your performance measure .	INTERMEDIATE-OUTCOME: Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school. In the second year, the frequency of behavioral incidents among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
6. If you have data for this performance measure from prior years , report it here.	No data available from prior years on this performance measure.

OMB Control #: 3045-0083 Expiration Date: 3/31/05

APPENDIX E3: Performance Measurement Worksheet (End Outcome Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES
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Creating Performance Measures	Example:
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	END OUTCOME: Completion of drop out prevention program leads to decrease in student drop out rate.
2. Describe how you will achieve this result.	5 participants will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records.
4. What are the targets that you expect to meet during the three-year grant period?	In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% lower drop-out rate than the students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 3 above. This is your performance measure .	Performance Measure : In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% lower drop-out rate than the students who are on a wait list for the program.
6. If you have data for this target from prior years , report it here.	No data are available for previous years.

OMB Control #: 3045 - 0083 Expiration Date: 3/31/05

APPENDIX F: SF424A Budget Instructions (Enter/Edit Budget)

Include a budget narrative justifying each line item and cost included in the budget. You must provide a full explanation that explains the item, its purpose, and shows how you calculated the cost. Organize the budget narrative in the same order as the budget form and clearly identify requested federal (Corporation) and grantee (applicant) share. Indicate whether the grantee share is in-kind or in cash and whether the match comes from other federal or nonfederal funds.

In Column 4, enter the amount of Corporation funding requested for each line item and total. In Column 5, enter the non-Corporation amount, including cash and in-kind support, and total. See the applicable Notice of Funding Availability for the required grantee match. In the budget narrative, fully explain all amounts listed in Columns 4 and 5. Separately identify cash and in-kind contributions included in Column 5.

SUPPORT EXPENSES

- A. Personnel Expenses** – For each staff person charged to the project, enter in Col. 1 each person's full-time equivalent (FTE) annual salary. (100% FTE is normally 40 hours/week. Thus, if an employee works half-time or 20 hours/wk for the project and is paid \$10,000 from project funds, the FTE annual salary would be \$20,000.) In Col. 2, enter the FTE percentage of time devoted to the project. (For example, if the employee works 10 hours per week for the project, you would enter 25%.)
- B. Personnel Fringe Benefits** – Cost of fringe benefits to which employees are entitled are calculated on the same percentage time indicated in Column 2, Section A for each individual.
- C. Project Staff Travel** - Columns 4 and 5 can only include travel costs for staff listed in Section A who directly support grant activities described in the Project Narrative. In the Budget Narrative explain anticipated travel and the basis for cost calculations.
- D. Equipment** – Provide narrative justification for costs of equipment. Include a list of items to be purchased in the Budget Narrative. Equipment is defined as tangible non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit.
- E. Supplies** – Provide narrative justification for costs of supplies.
- F. Contractual and Consultant Services** - Include all contractual services such as clerical support, training consultants, equipment repair and maintenance, or bookkeeping services.
- G. N/A**
- H. N/A**
- I. Other** – Include all other allowable operating costs not included in categories A-F, and describe in the Budget Narrative.
- J. Administration/Indirect Charges** – Enter indirect charges, applicable to operating expenses. In the Narrative, describe the type of rate (provisional, predetermined, final or fixed) in effect during the funding period, estimated amount of the base to which the indirect rate was applied, and total indirect expense

Applicant Organization:			Budget Dates:		
	Column 1	Column 2	Column 3	Column 4	Column 5
A. PROJECT PERSONNEL EXPENSES Position Title	Annualized Salary	% Time Spent on Project	Total Project Cost	Corporation Funds Requested	Non- Federal Resources
TOTAL PERSONNEL EXPENSES					
B. Personnel Fringe Benefits					
C. Travel					
D. Equipment					
E. Supplies					
F. Contractual and Consultant Services					
G. Training					
H. Evaluation					
I. Other Operating Costs					
J. Administration/Indirect Costs					
TOTAL					